

CLAIMS AS FILED - PART I

(Column 1)		(Column 2)		SMALL ENTITY		OTHER THAN SMALL ENTITY	
FOR:	TRANSFERRABLE	TRANSFERRABLE	TRANSFERRABLE	RATE	FEE	RATE	FEE
BASIC FEE (37 CFR 1.16(a))							
TOTAL CLAIMS (37 CFR 1.16(b))							
INDEPENDENT CLAIMS (37 CFR 1.16(d))							
MULTIPLE DEPENDENT CLAIMS PRESENT (37 CFR 1.16(e))							
If the difference in column 1 is less than zero, enter "0" in column 2.							
TOTAL						TOTAL	

CLAIMS AS AMENDED - PART II

	(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE			
AMENDMENT A										
Total (37 CFR 1.16(b))	31	32								
Independent (37 CFR 1.16(d))	1	3								
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(e))										
AMENDMENT B										
Total (37 CFR 1.16(b))	31	31								
Independent (37 CFR 1.16(d))	1	1								
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(e))										
AMENDMENT C										
Total (37 CFR 1.16(b))	31	32								
Independent (37 CFR 1.16(d))	1	3								
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(e))										

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 17 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the extent of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 7.